

Senate Bills 841 and 842 (As Introduced)

Contact: Office of Policy and Legislative Affairs

Agency: Labor & Economic Growth

Analysis

Topic:	Hearing Health Care Providers
Sponsor:	Senator Stamas
Co-Sponsors:	None
Committee:	Health Policy
Date Introduced:	October 25, 2005
Date of Summary:	October 27, 2005
Position:	Neutral

Problem/Background: Hearing aid dealers associations are concerned that they have no voice in how the department handles regulation of their profession. Since the board was abolished by Executive Order 96-2, they have tried to reinstate that provision in the law.

Description of Bill:

These bills change the existing definition of "Hearing Aid Dealer" to "Hearing Health Care Providers" and define the term as "an individual who engages in the sale or offering for sale at retail of a hearing aid." It also modifies the term "Hearing Aid Salesperson" to "Hearing Aid Health Care Assistant." SB 841 re-establishes a board for this occupation, calling it the "Board of hearing health care providers," and requires that no more than 2 members of the 9-member board shall be associated with the same hearing aid manufacturer. The bill also codifies the current department practice of requiring the provider to pass a written and practical examination as prescribed by the department and the board, and allows a trainee to renew the 12-month trainee license for up to 3 years. SB 842 removes the sunset of temporary licensee fee increases from the State License Fee Act, and provides for permanent increases in application processing fees, examination fees, and per-year license fees. The bills are tie-barred.

Arguments For:

- With the additional assistance from licensed professionals, and public members of the board, technical matters can be better discussed with professional representation at board meetings.
- The increased cost to the department of restoring the board are fully covered by the increase in fees in the bill.

Arguments Against:

- There has been no board for many years, and there is no anticipated business for a board to handle, except for potential examination questions or license denial appeals. There is very little complaint activity, and it rarely, if ever, results in disciplinary action that the board would need to address. Appeals of application denials and/or examination appeals are minimal and are presently handled by administrative review of the bureau director.

- This profession should be moved to the Public Health Code. This is particularly true now that audiologists are regulated by the Public Health Code. Many audiologists maintain dual licensure as audiologist and hearing aid dealer.

Supporters:

Michigan Hearing Aid Dealers Association

Opponents:

None known

Fiscal/Economic Impact:

a) Department: The additional work suggested by adding a minimum of 2 board meetings per year cannot justify the addition of new staff, but due to current high workloads, will result in a slowdown of work that already requires full-time staff commitment. The current unit secretary that handles the hearing aid dealers licensing program takes and transcribes minutes for 14 meetings annually while performing other duties. If this legislation passes, an additional 1/2 FTE would be requested along with office space and computer equipment to accommodate the 1/2 FTE.

Budgetary: Minimal costs associated with this legislation include two board meetings per year, at an estimated \$650 to \$800 each. If one-half additional FTE is needed to support the program, the following costs are estimated:

Department Technician 9 - Half time:

Wages & Benefits:	\$28,300
Computer:	1,500
Telephone:	240
Office Space:	1,100
<u>Furniture:</u>	<u>4,000</u>
TOTAL:	35,140

Costs difficult to calculate: Enforcement: This is a low complaint-activity occupation. Little to no additional activity would result from having a board.

Information Technology: no increase is anticipated.

Revenue: Increased fees could add \$74,025 in annual revenue to the department.

Anticipated increase in revenue from application fees is \$5,320 annually.

Anticipated increase in revenue from renewal fees is \$68,705 annually.

Other Pertinent Information:

With the change in language to Hearing Health Care Provider, this language would appear to fit better under the Public Health Code than under the Occupational Code, and the Department advocates that the regulation is better adapted to that Code as well. Though the regulation speaks to business practices, there are a number of public health issues that should be addressed that are not. Of major concern is that a hearing aid dealer, salesperson, or trainee must perform an invasive procedure by

inserting mold material and instruments into the ear canal in order to properly fit a customer for a hearing aid device. They must have certain anatomical and physiological knowledge consistent with the medical professions in order to perform this service properly and to be prepared to act in the event materials or devices become lodged in the ear canal.

Administrative Rules Impact:

Administrative rules for the occupation are likely to be amended with the addition of a new board, as they have not been seriously addressed since the last board was abolished.